



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Robin Torres

(Type or print name of person mailing paper)

Date:

September 14, 2004

Robin Torres
(Signature of person mailing paper)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of)	Group Art Unit:
)	Attorney Docket No. 249.P1C2
Becker et al.)	Examiner:
)	
Serial No: 10/798,692)	
)	
Filed: March 11, 2004)	
)	
Title: PRODRUGS OF PHOSPHONATE)	
NUCLEOTIDE ANALOGUES)	

PRELIMINARY AMENDMENT

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination on the merits please replace the original specification with the attached substitute specification. A marked-up version of the original specification is provided to show the amendments made.

In the substitute specification, original claims 1-33 have been cancelled and new claims 1-8 submitted in the substitute specification.



Attorney Docket No. 249.P1C2
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Becker et al.

Serial No.: 10/798,692

Group No.: unassigned

Filed: March 11, 2004

Examiner: unassigned

For: PRODRUGS OF PHOSPHONATE NUCLEOTIDE ANALOGUES

Commissioner for Patents
Mail Stop Missing Parts
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☐ a small entity - verified statement:

☐ attached.

☐ already filed.

☒ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8 (a))

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

- (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17 (a)-(d)) for the total number of months checked below:

	<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input checked="" type="checkbox"/>	one month	\$110.00	\$55.00
<input type="checkbox"/>	two months	\$410.00	\$205.00
<input type="checkbox"/>	three months	\$930.00	\$465.00
<input type="checkbox"/>	four months	\$1,450.00	\$725.00

Fee \$ 110.00

If an additional extension of time is required please consider this a petition therefor.

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL *	15	MINUS ** 44	= 0	X 9 = \$	X18= \$
INDEP. *	4	MINUS ** 7	= 0	X42= \$	X84= \$
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+140= \$	+280= \$ 280

TOTAL ADDIT. FEE \$	OR	TOTAL ADDIT. FEE \$ 280
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(c) ☐ No additional fee for claims is required.

OR

(d) ☒ Total additional fee for claims required \$ 280

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ _____

☒ Charge Account No. 07-1250 the sum of \$ 390.00

A duplicate of this request is attached.

FEE DEFICIENCY

6. Authorization to Charge Additional Fees

☒ The Commissioner is hereby authorized by this document to charge any additional fees which may be required by this paper and during the entire pendency of this application to Account No. 07-1250, except the issue fee at or before mailing of Notice of Allowance, pursuant to 37 CFR 1.311 (b).

Reg. No. 35,071

Tel. No.: (650) 522-5569



SIGNATURE OF ATTORNEY

Mark L. Bosse

Type or print name of attorney

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